MULTIPLE DEPENDENT CLAIM
· FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/581855 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓							51						
2								52						
3								53						
4								54						
5								55						
6								56	✓					
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22	✓							72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30	✓							80						
31								81						
32								82						
33								83						
34	✓							84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41	✓							91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49	✓							99						
50								100						
TOTAL IND.	7							TOTAL IND.						
TOTAL DEP.	56							TOTAL DEP.						
TOTAL CLAIMS	63							TOTAL CLAIMS						